

O008

Sociocultural challenges faced in implementing self-referral physiotherapy in primary care – a qualitative evaluation of staff opinions



R. Goodwin^{1,*}, F. Moffatt², P. Hendrick², P. Logan¹

¹ *University of Nottingham, Division of Rehabilitation and Ageing, Nottingham, United Kingdom*

² *University of Nottingham, Division of Physiotherapy and Rehabilitation Sciences, Nottingham, United Kingdom*

Purpose: This qualitative evaluation aimed to explore how the professionals and general practice staff involved in the delivery of an in-practice physiotherapy self-referral scheme understood the service, with a focus on perceptions of value, barriers and impact.

Methods: General practice faces unprecedented challenges. A move towards a more comprehensive, multi-disciplinary service delivery model has been proposed. One seemingly promising response has been the implementation of physiotherapy self-referral schemes. There is a small body of evidence demonstrating efficacy of self-referral physiotherapy schemes. However, despite this evidence there is a significant gap in the literature regarding the actual implementation process of such services.

A qualitative evaluation was conducted across two UK city centre practices that had elected to participate in a pilot self-referral scheme offering ‘physiotherapy-as-a-first-point-of-contact-service’ (PFPCS) for patients presenting with a musculoskeletal complaints.

Individual interviews and focus groups were conducted amongst participating physiotherapists, administration staff and general practitioners. Interview data was collected from a total of 13 individuals. Data was analysed using thematic analysis.

Results: Three key themes were highlighted by this evaluation:

Firstly, the imperative of effecting a cultural change – this included the management of patient expectation, with particular reference to the belief that GPs represent the legitimate choice and the visioning of contemporary primary care as a genuine team approach. Additionally, culturally, physiotherapists acknowledged the need to reconceptualise the way in which they defined their professional role and practice.

Secondly, in order to embed and sustain a service the impact of the service on working practice across all stakeholders warranted consideration. All participants described the benefits of the PFPCS to help to manage the demand faced by primary care. There was a widespread notion across all occupational groups that the service had ‘unburdened’ the GP. Furthermore, the benefits for patient experience and well-

being were discussed and perceived as positive. The critical role of the administration staff was acknowledged.

Finally, the study identified beliefs regarding the nature and benefits of physiotherapeutic musculoskeletal expertise. The GP participants in this study all acknowledged that any concerns regarding the physiotherapists’ ability to work autonomously and identify ‘red flags’ were unfounded. This view was also supported by the physiotherapists, who strongly defended their clinical reasoning as at least comparable with that of medically qualified practitioners.

Conclusion(s): This qualitative evaluation draws on the themes developed, in order to propose 5 critical lessons which may be significant in predicting the success or failure of implementing physiotherapy self-referral schemes.

Implications:

Lesson 1: A change in ‘culture’ is essential for all if the service is to be deemed a rational choice by patients.

Lesson 2: Practices must be cognisant of the critical role played by administration staff in allowing this service to ‘normalise’.

Lesson 3: If services are built and promoted on the premise that they will reduce GP workload by 30%, they will arguably fail to meet that target.

Lesson 4: Self-referral provides an opportunity to develop expertise in MSK across the team- but must be mindful for de-skilling the GP.

Lesson 5: Issues of responsibility and accountability can be addressed.

Funding acknowledgements: Nottingham City CCG, Nottingham CityCare CIC, Nottingham University are all thanked for their support with this service evaluation.

<https://doi.org/10.1016/j.physio.2017.11.157>

O009

Trunk muscle activity during dynamic exercises on land and in water for participants with and without chronic low back pain



L. Linton^{1,*}, S. Valentine², S. Coleman², K. Kaliarntas³, S. Psycharakis²

¹ *University of Edinburgh, FASIC Sports Medicine Centre, Edinburgh, United Kingdom*

² *University of Edinburgh, Sport, Physical Education and Health Sciences (SPEHS), Edinburgh, United Kingdom*

³ *Edinburgh Napier University, School of Health and Social Care, Edinburgh, United Kingdom*

Purpose: Aquatic exercise is beneficial in managing Chronic Low Back Pain (CLBP), however information is lacking as to which exercises are appropriate for targeting specific muscle groups. Whilst there is greater understand-

ing of trunk and hip muscle activation patterns on land, few studies have quantified activation patterns during aquatic rehabilitation exercises, and no studies have measured trunk muscle activity in adults with CLBP in an aquatic environment. The purpose of this study is to evaluate muscle activity in people with CLBP and controls in water and on land when they perform exercises involving dynamic upper and lower limb movements with a stable trunk and pelvis.

Methods: 20 males with CLBP and 20 healthy controls (18–45 years, BMI < 28) performed 20 aquatic and 20 land exercises commonly used for trunk stabilization at a predetermined cadence. Waterproof wireless surface electromyography synched with video analysis measured 7 muscles bilaterally (multifidus, erector spinae, internal oblique, external oblique, rectus abdominis, gluteus maximus and gluteus medius). For each exercise participants recorded pain on a Visual Analogue Scale (VAS). Group characteristics were compared using independent t-test. Comparisons between CLBP/control and water/land environments were made using 2-way analysis of variance.

Results: There were no significant differences in mean and peak activity found for any muscle or exercise between CLBP and control group in both land and aquatic exercises. For exercises with the same movement patterns on land and in water, several significant differences in muscle activity were found such as higher mean gluteal activity on land ($P < 0.01$) for unilateral hip movements. Muscles exhibiting highest mean muscle activity were identified for each exercise in water and on land for all exercises. Although not significant, the incidence of pain was lower (2.8%) during water exercises, but up to 3 times higher during some exercises on land (7.5%).

Conclusion(s): For mild to moderate CLBP, exercises performed at a controlled pace demonstrate that motor recruitment strategies at an individual muscle level are similar both in water as they are on land suggesting that not only is it a suitable environment for exercising the same muscle groups, but lower incidences of pain in water suggest it may be an appropriate environment for rehabilitating individuals with even higher levels of chronic disability.

Future studies should aim to investigate similar exercises in water using different speeds/types of equipment. From this information a longitudinal cohort study with groups categorized with low, moderate and severe CLBP should be investigated to assess which individuals are most responsive to these aquatic exercises.

Implications: The current study provides an evidence base for specifying which aquatic exercises recruit specific muscles, with comparable movement patterns on land exhibiting similar muscle activation. This can provide managers' justification for providing a cost effective aquatic therapy service in their clinics similar to land based programmes, and gives health professionals the autonomy to inform exercise prescription for people with CLBP or other musculoskeletal disorders where it is beneficial to recruit

trunk and hip muscle stabilizers to be carried out in either environment dependent on each individuals' requirements.

Funding acknowledgements: Chief Scientist Office.

<https://doi.org/10.1016/j.physio.2017.11.158>

O010

Advanced physiotherapy in primary care. Part of the solution for a growing crisis?



A. Hensman-Crook

Windermere Health Centre, General Practice, Windermere, United Kingdom

Purpose: With recruitment and retention problems, and a projected 50% of GPs planning to leave in the next 5 years, a different way of working in General Practice has become essential. A direct access, advanced diagnostic and triage physiotherapy role capturing the 25% of musculoskeletal patients was developed as part of the solution. Other objectives were to treat the patient at the right time locally, improve secondary care referral and educate the wider multidisciplinary team.

Methods: Data collection over three years of service implementation focusing on; source of referral, GP capacity, conversion rate to surgery, assessment outcomes, investigations, injections, prescribing and patient satisfaction.

Results: 2361 patients were seen over the 3 year period, 80% had no GP contact creating 1888 GP consultation spaces.

Conversion rate to surgery was 90%, 45% of consultation outcome was exercise and advice including for long term conditions and public health issues, 30% injection, 10% referral to physiotherapy, 6% secondary care referral, 2% bloods, 2% podiatry 2% X-ray, 3% MRI.

Overall patient satisfaction 90% excellent, 8% very good, 2% good.

2016–2017 prescribing NSAIDs/CDs total was 9% and taking off prescription 5% with a total prescribing cost of 4% to the surgery.

Injections done locally created capacity in secondary care and provided £14,000 income to the practice.

Conclusion(s): The advanced physiotherapy role has been shown to provide a cost effective, efficient, popular role in Primary Care and is being rolled out across the UK. It is shown to benefit secondary care by; reducing referrals, helping throughput, improving relevant referral gaining a higher conversion rate to surgery.

It improves GP capacity and generates income from injections

It reduces investigation for MSK conditions

Reduces prescription costs.

It provides an easily accessible, highly specialised musculoskeletal service for patients close to home.

Implications: It is an easily reproducible, sustainable service that is cost effective that can provide part of the